

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID. NO.	DATE
FEE DETERMINATION	H.A.		07/10/01
O.I.P.E. CLASSIFIER		5	7/13/01
FORMALITY REVIEW	A-S	945	7-16-1
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 + (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Date
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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